## **DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$46.06	\$41.17	\$4.89
	Retiree + 1	\$104.04	\$93.00	\$11.04
	Retiree + 2 or more	\$104.04	\$93.00	\$11.04
For CalPERS Health Plans	Retiree	\$46.06	\$34.02	\$12.04
	Retiree + 1	\$104.04	\$76.77	\$27.27
	Retiree + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Retiree	\$46.06	\$43.35	\$2.71
	Retiree + 1	\$104.04	\$97.81	\$6.23
	Retiree + 2 or more	\$104.04	\$97.81	\$6.23
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$29.06	\$25.41	\$3.65
	Retiree + 1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree + 1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree + 1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78